

PATENT

IN THE UNITED STATES PATENT AND TRADEMARK OFFICE

In re : Roger H. Tracy Atty Docket : 29093-03
Serial No.: 09/889,245 Examining Atty: Allen, A.J.
Filing Date: October 10, 2001 Group Art: 2855
Title: Hand Held Probe For Measuring Tire Tread Wear

Certificate of Transmission by Facsimile

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12-4-02

Sharon F. Hutto

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To: Assistant Commissioner for Patents
Fax Number: 703-872-9318
Assistant Commissioner for Patents
Washington, DC 20231

// Total Pages including this sheet

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in the above identified application.

☒ No additional fee is required.

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☒ The Assistant Commissioner is hereby authorized to charge and credit our Deposit Account Number 080719 as described below:

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☒ Credit any overpayment

☒ Charge any additional fee required.

Date: 12/4/02

Michael A. Mann REG. NO. 41903
Michael A. Mann
Attorney for Applicant
Registration No. 32,825
Nexsen Pruet Jacobs & Pollard, LLC
Post Office Drawer 2426
Columbia, SC 29202-2426
803-771-8900

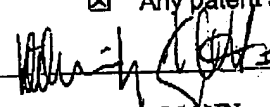



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AMENDMENT TRANSMITTAL LETTER (Small Entity)			Docket No. 29093-03												
Applicant(s): ROBERT H TRACY.															
Serial No. 09/889,245	Filing Date 10/10/2001	Examiner ALLEN, A.J.	Group Art Unit 2855												
Invention: HAND HELD PROBE FOR MEASURING TIRE TREAD WEAR			FAX RECEIVED DEC 04 2002												
TO THE ASSISTANT COMMISSIONER FOR PATENTS:			TECHNOLOGY CENTER 2800												
Transmitted herewith is an amendment in the above-identified application.															
<input checked="" type="checkbox"/> Small Entity status of this application has been established under 37 CFR 1.27 by a verified statement previously submitted.															
<input type="checkbox"/> A verified statement to establish Small Entity status under 37 FR 1.27 is enclosed.															
The fee has been calculated and is transmitted as shown below.															
CLAIMS AS AMENDED															
	CLAIMS REMAINING AFTER AMENDMENT	HIGHEST # PREV. PAID FOR	NUMBER EXTRA CLAIMS PRESENT	RATE	ADDITIONAL FEE										
TOTAL CLAIMS	17	20	0 x	\$9.00	\$0.00										
INDEP. CLAIMS	3	3	0 x	\$42.00	\$0.00										
Multiple Dependent Claims (check if applicable) <input type="checkbox"/>					\$0.00										
TOTAL ADDITIONAL FEE FOR THIS AMENDMENT					\$0.00										
<input checked="" type="checkbox"/> No additional fee is required for amendment.															
<input type="checkbox"/> Please charge Deposit Account No. _____ in the amount of _____															
A duplicate copy of this sheet is enclosed.															
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<input checked="" type="checkbox"/> The Commissioner is hereby authorized to charge payment of the following fees associated with this communication or credit any overpayment to Deposit Account No. 080719															
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<input checked="" type="checkbox"/> Any additional filing fees required under 37 C.F.R. 1.16.															
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 REG. NO. 41903 Dated: 12/4/02															
MICHAEL A MANN REG NO 32,825 NEXSEN PRUET JACOBS & POLLARD LLC PO DRAWER 2426 COLUMBIA SC 29202-2426 (803) 771-8900 MMANN@NPJP.COM															
via facsimile 703-872-9318															
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